

CONTRACTOR/SUBCONTRACTOR CONTRACT REFERENCE WORKSHEET

For instructions, see paragraph L-32(e) of RFP Section L.

CONTRACT NR: _____ CONTRACT TYPE: _____

DESCRIPTION OF CONTRACT SERVICES: _____

PLACE OF PERFORMANCE: _____ DATES OF PERFORMANCE: _____

PRIME CONTRACTOR: _____() SUBCONTRACTOR: _____()

LIST OF MAJOR SUBCONTRACTORS, IF ANY: _____

TOTAL CONTRACT VALUE: _____ VALUE BY CONTRACT PERIOD: _____

NAME OF CUSTOMER OR CONTRACTING ACTIVITY: _____

CONTRACTING OFFICER (KO)

Current info verified on _____ (date):

NAME: _____ E-MAIL: _____

TEL.: DSN: _____ COMMERCIAL: _____ FAX: _____

ADDRESS: _____

ADMINISTRATIVE KO or CONTRACT ADMINISTRATOR
(If different from Contracting Officer)

Current info verified on _____ (date):

NAME: _____ E-MAIL: _____

TEL.: DSN: _____ COMMERCIAL: _____ FAX: _____

ADDRESS: _____

PROGRAM MANAGER

(Current info verified on _____ (date)):

NAME: _____ E-MAIL: _____

TEL.: DSN: _____ COMMERCIAL: _____ FAX: _____

ADDRESS: _____

QUALITY ASSURANCE EVALUATOR

(Current info verified on _____ (date)):

NAME: _____ E-MAIL: _____

TEL.: DSN: _____ COMMERCIAL: _____ FAX: _____

ADDRESS: _____

DADA10-02-R-0009

ATCH 3

02/13/02